

Case Number:	CM13-0060155		
Date Assigned:	04/25/2014	Date of Injury:	01/31/2013
Decision Date:	03/11/2015	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injure worker is a 54 year-old male computer technician who first reported injury on 01/07/2013 after repetitive and sustained use of the right upper extremity at and above the shoulder height resulted in pain in his right shoulder. He had been treated with Ibuprofen 800mgBID to TID and Norco 5/325 1-2 qHS and did not improve. An MRI was performed that demonstrated a tear of the supraspinatus tendon and tendonitis of the supra- and infraspinatus tendons. He was diagnosed with impingement syndrome of the shoulder. He underwent right shoulder arthroscopy, subacromial decompression, and rotator cuff repair on 05/20/2013. He then underwent physical therapy with a home program. External rotation and abduction of the right shoulder continued to be limited according to office visit on 10/18/2013. At that time, the primary treating physician requested a work conditioning program to include measurements and rehabilitation of functionally significant range of motion, strength, muscular and cardiovascular endurance with the goal to return the patient to regular work. This request was denied by utilization review and was submitted for independant medical review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

WORK CONDITIONING - INITIAL 2 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: According to the MTUS guidelines, a work conditioning program may be recommended as an option, depending on the availability of quality programs. The criteria for admission to a Work Hardening Program are:(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.(5) A defined return to work goal agreed to by the employer & employee:(a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.While the recovery of the injured worker appears to be slower than expected despite physical therapy, his capacity as a computer technician would not be expected to be gauged at a medium to high demand level, which is what the criteria is for entering a work conditioning program. Per the available records, the injured worker was laid off and does not have a defined job to resume that exceeds his current abilities. This also fails to meet the criteria for entering a work conditioning program. There is no explanation as to why the injured worker specifically needs a work conditioning program. There is no documentation of functional and psychological limitations that are likely to improve with the program, nor is there a clear screening that includes file review, interview and testing to determine likelihood of success in the program. The request for a work conditioning does not meet the requirements of the MTUS guidelines to qualify for a work conditioning program, and is therefore not medically necessary.